

United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES REGISTRATION FORM

1. Name of Property

historic name: Holy Rosary Hospital
other name/site number: Cornerstone, Clark Street Inn

2. Location

street & number: 310 N. Jordan and 2007 Clark Street not for publication: n/a
city/town: Miles City vicinity: n/a
state: Montana code: MT county: Custer code: 017 zip code: 59301

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this X nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property X meets does not meet the National Register Criteria. I recommend that this property be considered significant nationally statewide X locally.

Signature of certifying official/Title

Date

Montana State Historic Preservation Office

State or Federal agency or bureau

(See continuation sheet for additional comments.)

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting or other official

Date

State or Federal agency and bureau

4. National Park Service Certification

I, hereby certify that this property is:

Signature of the Keeper

Date of Action

 entered in the National Register
 see continuation sheet

 determined eligible for the National Register
 see continuation sheet

 determined not eligible for the National Register
 see continuation sheet

 removed from the National Register
 see continuation sheet

 other (explain): _____

5. Classification

Ownership of Property: Private

Category of Property: Building

Number of contributing resources previously listed in the
National Register: n/a

Name of related multiple property listing: n/a

Number of Resources within Property

Contributing	Noncontributing
<u>1</u>	<u>0</u> buildings
<u>0</u>	<u>0</u> sites
<u>0</u>	<u>0</u> structures
<u>0</u>	<u>0</u> objects
<u>1</u>	<u>0</u> Total

6. Function or Use

Historic Functions:
HEALTH CARE/hospital

Current Functions:
DOMESTIC/multiple dwelling

7. Description

Architectural Classification:

MIXED: LATE 19TH AND 20TH CENTURY
REVIVALS/Mission Revival/Neo-Classical Revival; LATE
19TH AND EARLY 20TH CENTURY
MOVEMENTS/Craftsman

Materials:

foundation: CONCRETE
walls: BRICK
roof: ASPHALT/shingle; RUBBER/membrane
other: STUCCO

Narrative Description

Miles City, Montana lies at the confluence of the Yellowstone and Tongue Rivers, within the broken plains of southeastern Montana. The 1910 Holy Rosary Hospital, with its 1922 annex, is located on Clarke and Jordan Streets in Miles City, northeast of its Main Street Historic District (NR listed 7/21/1989), and approximately 1/3 mile east of the Ursuline Convent of the Sacred Heart (NR listed 3/5/1992). Tree-lined residential neighborhoods fringe the property to the south, while a busy transportation corridor, Leighton Avenue, creates its northern boundary.

The original, "T"-shaped 1910 hospital features a large "L"-shaped historic addition at its south side, creating an irregular footprint. Poured concrete walls form the foundation of the original building and addition. The original 1910 hospital is two stories, plus an attic and full daylight basement. It has a hipped roof with wide eaves supported by decoratively-carved rafter tails. Green asphalt shingles cover the roof, and large metal ventilators pierce the ridgeline. The north slope has a chimney that features Hebron brick at the corners and a corbelled top. Darker, red, polychromatic brick fills the chimney's raised side panels. Two chimneys, similar to the chimney at the north slope, pierce the east slope of the 1910 building's roof. A Mission-style curvilinear parapet rises across the entry bay at attic level on the west (front) elevation, a hipped-roof dormer protrudes from the center of the north slope, and another hipped roof covers the central, protruding bay of the east elevation. The south elevation of the original building was destroyed when the 1922 annex was constructed. The 1922 annex is three full stories, plus a full daylight basement, and features a flat roof with a banded, straight parapet wall across its west, north, and south elevations. Throughout the exterior, the daylight basement level is finished with smooth concrete, the first story is Hebron brick, and the upper stories are concrete. Polychromatic reddish brick quioning appears at the corners of the building above the basement level.

Unless otherwise noted, both the 1910 and 1922 constructions feature one-over-one, double-hung windows set symmetrically and evenly across each story. These modern windows replaced the original windows in-kind in 2007. At the basement level, the windows are cut into the concrete wall, and have no trim, sills, or lintels. At the first story, polychromatic bricks, set in a single rowlock course, form the window sills. Above, flat arches formed by two staggered soldier courses of gauged Hebron brick top the window openings. The 1910 portion features darker, polychromatic brick keystones and corner voussoirs, while the 1922 portion features highlighted keystones only. The second and third story windows feature polychromatic brick quioning. Also throughout the building, a wide belt course formed by multiple courses of polychromatic brick highlights the transition between the first and second stories.

(see continuation sheet)

8. Statement of Significance

Applicable National Register Criteria: A, C

Areas of Significance: HEALTH/MEDICINE; ARCHITECTURE

Criteria Considerations (Exceptions): n/a

Period(s) of Significance: 1910-1948

Significant Person(s): n/a

Significant Dates: 1910, 1916, 1922, 1948

Cultural Affiliation: n/a

Architect/Builder: Charles S. Haire, John Gustav Link

Narrative Statement of Significance

Constructed in 1911 and enlarged in 1922, the Holy Rosary Hospital in Miles City served as the nexus for healthcare in the Miles City region for decades. County officials, with encouragement from the Chicago, Milwaukee, and St. Paul Railway, hired local contractors to construct the hospital, to serve not only railroad workers but also the bustling community as a whole. They called upon the Presentation Sisters of Aberdeen, South Dakota, to administer the hospital. Through the years, Miles City experienced both upswings in the population and economy, and less fortunate times. Through it all, the Holy Rosary Hospital and their staff of dedicated health care providers and professionals catered to the community through care, education, and skill. After 1948, the hospital transitioned to living quarters for the Presentation Sisters, while the annex still functioned as the maternity wing. After 1960, the building functioned as a rest home, rehabilitation center, and offices until it was abandoned, with the rest of the hospital complex, in 1995. A herculean rehabilitation project completed in 2007 converted the building to low-income housing. For its significant local associations with the history of health care it is eligible for listing in the National Register under Criterion A.

The hospital gains additional significance under Criterion C, as an important and striking example of the work of Charles S. Haire and John Gustav Link, prominent Montana architects through the early twentieth century. Haire's original design is a mix of styles popular during the 1910s, and displays influences from the Neoclassical Revival, Mission, and Craftsman movements. The 1922 annex, designed by Link and Haire, is aesthetically sympathetic to the original portion, displaying similar Neoclassical and Craftsman elements.

History of Miles City

The Miles City area has been permanently occupied since 1876, when Colonel Nelson M. Miles established Fort Keogh as a strategic military post for the U.S. Army. "Milestown" was created by settlers associated with the military camp, who erected the first commercial buildings two miles east of the cantonment. The "new" Fort Keogh was completed in 1878 west of the Tongue River and Colonel Miles donated the ferry landing on the east bank of the river to Milestown. Merchants and settlers quickly moved to the new site to take advantage of the security offered by the nearby fort. The town's main street originally served as a military supply route from the ferry landing and the first residential shacks were erected in the area (near 10th and Pleasant Sts.) in 1877. The original city grid, also oriented to the ferry landing, was platted in 1878 in a northeast-southwest orientation. Until 1881, the fledgling town residents were dependent on the Yellowstone River steamboats for transportation and shipment of goods. The arrival of the Northern Pacific Railroad in November 1881 spurred a period of growth and increased settlement in the surrounding ranchlands, and the population soared. Twelve hundred people stayed the first year, which doubled the size of the town. Milestown was renamed Miles City and the Northern Pacific quickly introduced a new geometry to the city. New additions were platted to conform to the alignment of the railroad tracks. New fashion and the need for safety stimulated the development of local brickyards and in the period of 1881-1887, Miles City's Main Street was transformed into "an almost unbroken line of brick business houses."¹ Community boosters brainstormed and financed improvements to push the city to prominence over its rivals.

Miles City's population soared until the disastrous winter of 1886-87, which ruined many stock growers and caused the financial ruin of many leading businessmen.² The population dropped from 2500 in 1887 to a low of 1400 in 1892. Although Miles City showed little growth between 1890 and 1905, the boosters never failed to promote and advertise the city. Their efforts were rewarded when the Chicago, Milwaukee, and St. Paul Railroad (Milwaukee Road) extended its lines to Miles City in 1908. W.H. Wilkerson describes the impact of the Milwaukee Road on the city: "From around 1910 to 1953, Miles City was the major shop for repairing steam locomotives on the lines between Mobridge, South Dakota and Tacoma. Peak employment in Miles City was around 1000 and held pretty steady to the end of the steam era..."³ Both the Milwaukee and the Northern Pacific Railroads promoted southeastern Montana to homesteaders and spurred a period of growth and prosperity unequalled in the city's history. (see continuation sheet)

¹ John V. Goff, *Miles City, Montana: An Architectural History*, rev. ed. by Susan R. McDaniel and Dena L. Sanford (Miles City: Star Printing Company, 1988), p. 27.

² Overgrazing and poor forage, together with extraordinarily cold weather, ice, and snow led to the starvation of nearly 60 percent of the cattle stock of central and eastern Montana. For more information, see Michael P. Malone, Richard Roeder, and William L. Lang, *Montana: A History of Two Centuries*, rev. ed. (Seattle: University of Washington Press, 1991), pp. 165-7.

³ W.H. Wilkerson, "The Milwaukee Road in Miles City," published in *Custer County Area History: As We Recall, A Centennial History of Custer County, MT, 1889-1989*, Helen Carey Jones, ed. (Dallas, TX: Curtis Media Corp, 1990).

Holy Rosary Hospital
Name of Property

Custer County, MT
County and State

9. Major Bibliographic References

(see continuation sheet)

Previous documentation on file (NPS):

☐ preliminary determination of individual listing (36 CFR 67) has been requested
☐ previously listed in the National Register
☐ previously determined eligible by the National Register
☐ designated a National Historic Landmark
☐ recorded by Historic American Buildings Survey # _____
☐ recorded by Historic American Engineering Record # _____

Primary Location of Additional Data:

☐ State Historic Preservation Office
☐ Other State agency
☐ Federal agency
☐ Local government
☐ University
☐ Other
Specify Repository:

10. Geographical Data

Acreage of Property: less than one

UTM References: **Zone** **Easting** **Northing**
 12

Legal Location (Township, Range & Section(s)): _____

Verbal Boundary Description

Tract A of Block 2, Clark Addition, Miles City, MT

Boundary Justification

The boundary is drawn, according to legally recorded lines, to include the real property on which the building is situated. The property immediately east, on which the modern (1950) Holy Rosary Hospital rests, is under separate ownership and not considered for nomination at this time.

11. Form Prepared By

name/title: Amorette Allison
organization: Miles City Historic Preservation Officer **date:** September 2007
street & number: 907 B Main Street **telephone:** (406) 234-3090
city or town: Miles City **state:** MT **zip code:** 59301

Property Owner

name/title: Fanahan Limited Partnership
street & number: 210 S Winchester Ave.
city or town: Miles City **state:** MT **zip code:** 59301

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Description of Resources

The 1910 building

West elevation: The façade of the 1910 building is its west elevation, which features a large, protruding central entry bay from the ground level to the roofline. A Mission-style, curvilinear parapet caps the entry bay, and is trimmed with several stepped, decorative courses of polychromatic brick. Within the parapet, a centered, round-arched, one-over-one, single-hung window mirrors the curve of the parapet. This window is flanked by single, small, fixed, six-light windows, each topped with flat arches. Decorative polychromatic brick forms the sills and arches, and fills the space between the window frames. Centered in entry bay's second story are two window openings, each filled with a pair of windows. A flight of granite steps leads to the one-light-over-one-panel pair of centered entry doors at the first story. A fixed three-light transom fills the slightly arched space above the doors and the one-light sidelights. A king-post truss, reminiscent of the Craftsman style, frames the gable roof of a narrow centered porch that shelters the entry doors. Red brick posts support the porch, and extend from either side of granite steps that lead to the entry. Unadorned, stepped wood trim caps the brick posts. At the base of the steps, concrete newel posts, capped with ashlar granite blocks, anchor the iron railing that flanks the steps. At both the basement and first story of the central bay, single windows are set on either side of the entry porch. Polychromatic brick covers the first story's exterior wall to just above the porch roofline, where the dark brick work steps to the ridge of the porch roof's gable, mirroring its shape. The darker brick also continues at the corner and sides of the protruding bay, though it is coursed straight to the second story, where a quoined pattern appears. Hebron brick fills the rest of the central bay's first story.

The 1910 building's west elevation also features evenly-fenestrated bays on either side of the entry bay. Each story of these flanking bays, including the basement level, features four windows. The smaller basement windows are placed in sets of two in line beneath the paired windows of the upper stories. Above the first story paired windows are single dark brick rectangular panels that surround narrow metal louvered vents. Single vents of the same style also appear centered beneath the first story's southern most and northernmost window pairs.

North elevation: The 1910 hospital's north (side) elevation is set back from busy Leighton Avenue. The hipped dormer window that extends from the roof's north slope is pushed slightly off-center to the east by a tall, brick chimney. The dormer features wide boxed eaves, and displays a pair of nine-over-one, wood-trimmed, double-hung windows centered in its north side. Below, both the first and second stories contain a centered pair of windows. Single windows are located to the east and west sides. The daylight basement level has four window openings: two to the east side, one slightly off-center to the west filled with a concrete panel, and another further west.

East elevation: A nurse's dormitory constructed in 1916 obscured this elevation from general view until it was demolished recently. A deep, hipped bay extends from the east elevation, just off-center to the north. This central bay's east elevation features a centered pair of windows at each story, including the basement. Its south elevation has single, centered pairs of windows at the first and second stories. Its north elevation features a pair of windows centered at the second story and a single window off-center to the east on its north elevation.

The east elevation's north bay provides rear entry to the building via double doors at its first story's south side, near the junction of the north bay with the central, protruding bay. A bracketed shed roof shields the entry doors over the landing of its side-oriented stoop. An iron railing is set across the stoop. Above the shed roof, at the second story, is a single window. There is another single window to the north side of the bay at each story, including the basement.

The south bay features three window openings at each story, including the basement. The basement and first story each contain three one-over-one double-hung windows. The third story contains two of the same style, plus a small ribbon of three-one-light, fixed windows to the north, near the junction of the south bay and the central, protruding bay.

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1922 Annex

West elevations: The massive “L”-shaped 1922 annex extends from the south elevation of the 1910 building, then turns west and reaches the sidewalk at the west edge of the lot. Though lacking the roof detail, the annex displays nearly all of the decorative elements of the original portion. Across the west elevation, within the “L”, the annex features three evenly-spaced windows at each story. The southernmost windows are slightly smaller and narrower than the others. Three evenly-spaced windows originally adorned the west elevation at the long end of the “L”, but a late twentieth-century series of balconies, now removed, altered their appearance, and resulted in the central windows being in-filled – with concrete at the upper stories and basement, and with buff-colored brick at the first story. Despite these modifications, the opening locations are clearly visible, offering the decorative quioning and flat arches as their counterpart existing windows.

North elevation: The annex’s north elevation features the same familiar, even, fenestration pattern, with six windows across each story.

South elevation: The south elevation faces Clark Street, and contains the main entry to the annex. The upper two stories feature ten evenly spaced windows. The seventh window from the west at both levels is narrower than the others, and provides light to an interior staircase. The first story and basement level extend further to the east, and feature thirteen and twelve windows respectively. The fenestration is interrupted at the seventh opening from the west, where a modern, metal-framed single pedestrian door, flanked to the east by a two light skylight and topped with a one-light transom, provides access to the interior from the ground level. Above the door is a bracketed, gabled overhang, highlighted by a king post truss. Above the overhang, the seventh window from the west at the first story is shorter than the rest, about the size of the upper sash of the other windows.

East elevation: The basement and first story extend from the plane of the east elevation at the south side. This extension features two evenly-spaced windows at the first story’s east and north elevations. The extension also featured two window openings at the north elevation’s basement level, which have in-filled with concrete. Across the main plane of the annex’s east elevation the basement and first story contain four windows each. Above, the second and third stories each contain six windows.

Integrity

Holy Rosary Hospital, comprised of the 1910 original building and its 1922 annex, retains a high degree of integrity. Though the setting and association have been compromised by the demolition of the other historic hospital buildings, such as the 1916 nurses dormitory, its location is intact, and the 1950’s-era high rise hospital still stands to the east. Window replacement in 2007 was achieved using materials in-kind, and keeping the design intact. Indeed the only impact to the overall design of the building occurred when a series of balconies was attached to the annex’s west elevation. These have since been removed, though four windows were in-filled as a result. The workmanship utilized in the construction is apparent. In sum, the Holy Rosary Hospital stands as a testament to the history of twentieth century health care in the Miles City region.

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The Enlarged Homestead Act passed in 1909, and settlers flocked to eastern Montana. In 1910, Miles City's population was 7,000, more than twice what it had been in 1904. This great increase in population exacerbated the need for quality health care facilities. A converted two-story house served as the county hospital in 1907, and it was generally agreed, inadequate for the town's ever-increasing needs. The Milwaukee Road officials were especially concerned that their employees have access to medical facilities.⁴

On September 15, 1909, Custer County purchased land from R. E. Brown, located about a mile from the Milwaukee yards, then well away from town. The County sold \$25,000 in bonds to finance the construction, completed in 1910 as the Custer County Hospital. However, the county did not have the experience to run such an endeavor. The Milwaukee Railroad Hospital Association's chief surgeon Dr. A. L. Bouffleur, Dr. J. H. Garberson and Father J. J. O'Carroll suggested asking the Sisterhood of the Presentation of the Blessed Virgin Mary of Aberdeen, South Dakota to administer of the facility.

Bernadette McCauley's book, *Who Shall Take Care of Our Sick?* explores the motivations and circumstances in the establishment of Catholic Hospitals in the United States in the late 19th and early 20th centuries. She explains:

The motivation for these sisters' involvement in hospital development might appear self-evident. The caretaking quality of the hospital work was very much in keeping with their mission of service, and the domestic nature of nursing was appropriate to their status within the Church. Hospital work was all very "sisterly."...This simple explanation is only partially true. American sisters' decisions to open hospitals...represented a new mission among sisters rather than a resumption of duties. Most of the [Catholic orders] that organized hospitals were relatively young...and had no particular historical predisposition to either nursing or hospital work....Moreover, when the first Roman Catholic Sisters began working in the United States...most were teachers.⁵

The Presentation Sisters, founded in 1776, had been in the Dakotas since 1886. They fulfilled their calling as teachers by operating an elementary school in Aberdeen. When a diphtheria epidemic struck in 1900, local physicians asked the Sisters for help. They converted their convent to sick wards and served the community until the epidemic subsided. As a result of their response, the doctors and citizens of Aberdeen asked the Sisters to establish a hospital. On October 18, 1901, the 15-bed St. Luke's Hospital was dedicated as the pioneer healthcare facility of the Presentation Sisters, who within ten years would go on to establish hospitals in Mitchell and Sioux Falls, SD, as well as Holy Rosary Hospital in Miles City, Montana.⁶

In Miles City, the 35-bed hospital building was dedicated and renamed Holy Rosary Hospital on October 7, 1910, and the first patient was admitted that day. The sisters administering the facility were Sisters M. Anthony Murphy, M. Ursula Conroy, M. Monica Parkinson and M. Michael O'Brien. Marian Lee was the night supervisor and Eva Darcy (later Walsh) was the first nursing student and the first to graduate from the Presentation School of Nursing. The members of the first medical staff were Drs. Andrus, Buskirk, Garberson, Gray, Varco and Wendell. Like the other Presentation Hospitals, Holy Rosary boasted a nursing certificate program within a year of the hospital opening. Though less cramped than the 1907 hospital, the needs of the community and staff warranted construction of an additional space in 1916. City bonds totaling \$36,000 paid for a building attached by a narrow corridor to the hospital's east elevation, which served as a nurses' dormitory for both active nurses and nursing students.⁷

Through the 1910s, the capacity of Holy Rosary strove to keep pace with the burgeoning population. By 1918, the Miles City population stood at 9,000. In that year, Samuel Gordon wrote *Recollections of Old Milestown* to provide the "newcomers" with an understanding of the city's origins, and in recognition of "the desirability of collecting and reducing to some form of permanent

⁴ Though Holy Rosary was not an official "railroad hospital," railroad companies did take interest in the medical facilities along their lines. The western railroads traversed areas devoid of any substantial health care infrastructure. The Central Pacific Railroad responded by opening its own hospital in Sacramento in 1869. This institution, which most historians recognize as the first exclusive railroad hospital, served as a driving force for other railroads to develop their own facilities, and many more hospitals quickly appeared along the western rail lines. "The Railroad Hospital and Hospital Association," <http://railwaysurgery.org/HistoryLong.htm>. In Montana, the Northern Pacific opened hospitals in Glendive and Missoula.

⁵ Bernadette McCauley, *Who Shall Care for Our Sick?*, (Baltimore: The Johns Hopkins University Press, 2005), pp. 16-17.

⁶ <http://www.averasacredheart.com/astl/about/history.aspx>; Susan Carol Peterson and Courtney Ann Vaughn-Roberson, *Women of Vision: The Presentation Sisters of South Dakota, 1880-1985* (Urbana and Chicago: University of Illinois Press, 1988), p. 165.

⁷ Similar in design to the original hospital and located east of the hospital, the dormitory was demolished in 1964.

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record, the fast fading scenes and incidents of the early days of this community.”⁸ Gordon speaks to the changes in the community experienced over its first forty years:

...But they have lived to see a Milestown far beyond their expectations. Those who have lived here during that period have had to change their predictions on the future of the city more than once since the days when we won incorporation with a somewhat questionable population of fifteen hundred. Though we forged ahead steadily, it was not until the coming of the Milwaukee Road that we began to talk hopefully of a possible five thousand. With the influx occasioned by that event we passed the five thousand mark without knowing it and have more than doubled that aggregate since then with every material prospect bright for the future. What we may achieve in the time to come is anybody's guess, but there is one thing that we old-timers know -- and that is that we are no longer the happy-go-lucky, care-free "kamerads" of the early days...⁹

The influenza epidemic of 1918-1919 stunted the optimism of the era. Nationwide, the pandemic occurred in three waves, the first wave occurred when mild influenza erupted in the late spring and summer of 1918. The second wave occurred with an outbreak of severe influenza in the fall of 1918 and the final wave occurred in the spring of 1919. In its wake, the pandemic left about twenty million dead across the world. In the United States alone, about 675,000 people died from the disease. The administrators, nurses, nursing students, and doctors at Holy Rosary worked valiantly during the autumn and winter of 1918-1919 to tend to the many in the region caught in the pandemic.

By the time that Montana officials made their first report to the U.S. Public Health Service on October 4, 1918, the pandemic was already sweeping across the state. They failed to report for the next two weeks, probably because they were so overwhelmed in combating the disease. By October 21, officials made a report, which although "very incomplete," still told of more than 3,500 cases of flu. On November 1st, Montana officials said that at least 11,500 people had been afflicted with the flu over the past three weeks. The toll could have been higher, since officials admitted that their reports were incomplete.¹⁰

The problem was exacerbated in Montana in that the population was young – and fell into the age groups hardest hit by the influenza strain – very young children and young adults. Doctors and nurses, already scarce in the rural state, were especially in short supply due to participation in World War I. So desperate was the situation, that one Miles City area doctor, enroute to a patient, was hijacked at gunpoint to attend to another family.¹¹ In six weeks between October and December, nearly 40,000 cases of flu were reported in Montana. Of these, over 3,000 died. Undoubtedly, many more were affected, though not reported.¹²

As the crisis subsided in late Spring 1919, the hospital staff witnessed not only a great increase in monetary donations, but also in the number of nursing students. Holy Rosary responded with expanded curricula and determination to further improve their services. While the Presentation Sisters administered the hospital, the county continued to own it until the bonds used to construct it were paid. In 1919, the Presentation Sisters finally purchased the buildings and grounds for \$25,000. That same year, they received recognition from the American College of Surgeons. "By then, generous patrons and cooperative physicians had helped improve the hospital until many professionals rated as highly as hospitals in metropolitan areas."¹³ Three years later, they expanded again, calling on the original architect, Charles Haire, and his partner Gustav Link, to design the annex. By 1922, Holy Rosary was an 85-bed facility that boasted modern medical and surgical units.

The economic boom of the early and mid-1910s ended abruptly when years of severe drought descended on Montana, the Dakotas, and Wyoming beginning in 1917. In 1919 eastern Montana homesteaders faced humidity that averaged four percent, massive

⁸ Samuel Gordon, *Recollections of Old Milestown* (Miles City: 1918) "Foreword," <http://www.milescity.com/history/ebooks/room/foreword.asp>.

⁹ Gordon, *Recollections*, "A Post Mortem," <http://www.milescity.com/history/ebooks/room/postmortem.asp>.

¹⁰ Dr. Ken Moritsugu, Deputy U.S. Surgeon General, "Montana State Summit," delivered at the Montana Pandemic Planning Summit, May 22, 2006.

¹¹ Pierce C. Mullen and Michael L. Nelson, "Montanans and 'the Most Peculiar Disease': The Influenza Epidemic and Public Health, 1918-1919," *Montana: The Magazine of Western History* (Spring 1987) Vol. 37, No.2, p. 58.

¹² Ibid.

¹³ Peterson, p. 173.

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grasshopper infestations, and prairie fires. The effect was devastating. Homesteaders enticed by boosterism about the fertile lands of eastern Montana saw their investments literally blown away by the dry wind. After more than a decade of expansion between 1910 and 1922, the Presentation Sisters were faced with a startling drop-off in donations.

The dry years of the 1920s led to the dust bowl and Great Depression of the 1930s. Like other larger Montana towns, Miles City did not experience much population restriction or growth during the 1920s and 1930s, remaining at just over 7,000. As the hospital's debts rose, the need for quality local health care did not subside.

...the hospital entered several trying years as the Great Depression devastated Montana. The state's fifteen Catholic hospitals attempted to give each other moral support, forming in 1932 the Catholic Hospital Association, and affiliate of the national organization of the same name. ...Private donations fell off completely, and Holy Rosary's deficit grew at an alarming rate. Consequently, the nuns asked Bishop Edwin V. O'Hara, then Bishop of Great Falls Diocese, for permission to liquidate their interest in Holy Rosary. Although he could give the nuns no financial assistance, O'Hara encouraged them to hold on just as their predecessors had persevered earlier. Thus, the Presentations of Holy Rosary reached deeply within their hearts and memories, unearthed that pioneer commitment to survive, and convinced bankers not to foreclose. Finally in 1939, the Presentations were solvent enough again to meet their major financial obligations, although problems with crowded conditions and personnel shortages would plague the hospital managers in the years to come.¹⁴

By 1940, the drought years began to end, and the population again increased. At all four of their hospitals, the Presentation Sisters looked for federal funding and programs to assist in the financial troubles and staffing issues that arose, especially during World War II when personnel was scarce. The Sisters participated in national conferences and associations, trying to keep abreast of innovative means to keep their hospitals functional. Holy Rosary and its sister institutions participated in the United States Cadet Nurse Corps program, which provided full scholarships to female nursing students, who would in turn be available for military service. Similarly, Holy Rosary took advantage of the nursing assistance of the Red Cross' Grey Ladies and Nurses' Aides who provided non-medical services to patients. Several large-scale disasters strained the hospital staff during this period, including a truck crash involving German prisoners housed at the county fairgrounds facility that injured more than twenty men, and a 1943 railroad derailment that resulted in more than 170 casualties. After the War, crises continued, including widespread polio epidemics.¹⁵

To help their healthcare endeavors, the Presentation Sisters applied for federal monies under the National Hospital Survey and Construction Act of 1945 as well as Public Law 380 passed in 1945 and again in 1949. This legislation provided match grants for hospital construction projects.¹⁶ In 1948, the hospital broke ground for a modern, high-rise building east of the original hospital and annex. The original hospital transitioned to living quarters for the sisters, and part of the annex continued to be used as the maternity wing until 1950.

The expansion was needed to attend to the rising population and in recognition of the hospital's position the major health care facility along the Milwaukee Road between Aberdeen, South Dakota, and Butte, Montana. By 1950, Miles City boasted over 9,000 persons.¹⁷ Above average rainfall from 1940 through the early 1950s, together with a national economic upswing and World War II resulted in higher commodity and livestock prices. Historian K. Ross Toole explains:

A new wet cycle coincided with a tremendous boom caused by World War II. In this cyclical picture, if bad seems to compound the bad, than good seems to combine with the good. It is a business of extremes. Continued rain and good prices after World War II led to continued prosperity. Wheat farmers and cattle ranchers enjoyed rather spectacular success from 1941 until 1954 when a leveling off occurred.¹⁸

¹⁴ Ibid.

¹⁵ Ibid. p. 177-8.

¹⁶ Ibid. p. 178.

¹⁷ Census and Economic Information Center, Montana Department of Commerce, "Population Of Incorporated Places* (Cities/Towns) In Montana, 1890 to 2000," <http://ceic.commerce.state.mt.us/Demog/historic/censusplace18902000.htm>.

¹⁸ K. Ross Toole, *Montana: An Uncommon Land* (Norman, OK: University of Oklahoma Press, 1959), 14th printing, p. 241.

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In addition to a “leveling off” of the agricultural market in 1954, another economic setback affected Miles City that year. The Milwaukee Road, whose arrival helped spark the growth of the city during the 1910s, ended its steam operations.

They tore down the 24 stall roundhouse...They also tore down the large brick store department that had employed as many as 36 employees, and every other building they could get rid of...In December 1959, the Division Headquarters was closed...More powerful diesel locomotives pulling heavier trains steadily reduced the number of engine and train crews. There had been two passenger trains a day each way until 1955, and by February 1964, the last passenger train was discontinued...All operations west of Miles City were discontinued April 1, 1980...When the Milwaukee shut down at Miles City April 1, 1982, there were only a total of 35 employees left.¹⁹

By the end of the 1950s, Holy Rosary was again in severe financial crisis, as debts for the construction projects came due. A massive capital campaign in 1958 saved the hospital again from closure. The 1910 hospital and its 1922 annex functioned as a rest home between 1960 and 1969. The rest home contained dining, cleaning, and recreation facilities, as well as physical and occupational therapy services. In 1979, the 1922 annex was used as “The Clark Street Inn”, a drug and alcohol rehabilitation center. However, funding was never satisfactory and the program closed after eighteen months. The purchasing department, carpentry and paint shops, Developmental Education Assistance Program, classrooms, guest rooms, other offices and storage occupied the building until its abandonment with the rest of the hospital in 1995. The hospital moved to a modern facility on the edge of town that year.

Threatened with demolition, the Miles City community took action to save the original Holy Rosary Hospital. The Housing Authority of the City of Miles City obtained numerous grants and funding sources, including \$50,000 from HGTV’s Restore America program to convert the building into 21 apartment units made available to low-income families. They completed the project in 2007.

Architectural Significance

Charles Sydney Haire (4 June 1857 – 3 February 1925) was born in Hamilton County, Ohio in 1857. After graduation from the high school in Cincinnati in 1876, he worked as a teacher for three years while studying architecture. In 1886, he was employed as a draftsman in the construction department of the Union Pacific Railroad in Pocatello, Idaho. The next year, he moved to Butte, Montana in a similar position with the Great Northern Railroad. In 1888, he established an association with the realty firm of Wallace and Thornburg. Withdrawing from this firm some time later, Haire devoted himself exclusively to the practice of architecture, moved to Helena in 1893, and worked as the state superintendent of buildings. In that capacity, he oversaw the construction of numerous state institutions.

In January 1906, Haire formed a partnership with John Gustave Link (13 May 1870 – 5 January 1954) of Billings. Link was born in 1879 in Hattnau, Bavaria, where he lived until he was 17. He was a student for six years at the royal academy at Landau where Professors William Meyers and Joseph Goetzer instructed him in architecture. He graduated in 1886. Link came to the United States in 1887, settling in Denver, Colorado. There, he worked for *Architect’s Handbook* author Frank Kidder from 1887-1890, and the Fisher architectural firm from 1890-1893. In 1893, Link won a national competition for the design of the Minnesota State Capitol. On the heels of that success, he moved to St. Louis and opened his own firm. At the young age of 22, Link moved again, this time to Butte, Montana in 1896, the same year competition for the Montana State Capitol was ongoing. In Butte, he partnered with W. E. Donovan, under the name Link and Donovan, which lasted four years. During this period, state Architect John C. Paulsen commissioned him to supervise the construction of a number of state institutional buildings. Link joined in partnership with Joseph T. Carter in 1900, and continued that association through 1905, when he began working with Haire.

Link and Haire became the most prolific architectural firm in the State of Montana for a number of decades, with offices in Helena, Billings, Missoula, Butte, and Lewistown. In these offices, many of the younger architects of Montana received their training. Together, Link and Haire designed many courthouses, schools, hospitals, commercial buildings, and residences.

Haire’s original building design of the Holy Rosary Hospital in Miles City incorporated an interesting mix of popular architectural styles. The curvilinear parapet and projecting eaves highlighted by carved rafter ends are hallmarks of the Mission Style, while the trussed porticos on the west and south elevations denote a Craftsman influence. Overall, the even fenestration patterns, flat arches, quioning, simple geometric form, and the annex’s unadorned parapet reveal Neoclassical Revival principles as well.

¹⁹ Wilkerson, “The Milwaukee Road in Miles City.”

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This proclivity to incorporate a mix of styles is a hallmark of Link and Haire buildings statewide. The trussed, Craftsman-style entry porticos are also found on their Dawson County High School in Glendive. Their 1907 Fergus County Courthouse features both Neoclassical Revival and Mission elements. According to Architectural historian Rafael Chacon

Many Montana towns commissioned important civic buildings in Mission style in combination with complementary Romanesque and Italian Renaissance Revival elements. In some cases a single element or motif alluded to the Mission style. Built in 1908, the Fergus County Courthouse in Lewistown with its multistory, giant-order pilasters, Ionic porches, and heavy cornices is typical of the Classical architecture often used for government buildings of the time but for the large Mission-style curved gables dominating the masonry facades.²³ Curvilinear gables or parapets were not only an elegant flourish but also an easy allusion to the Mission style.²⁰

Though the Holy Rosary Hospital does not feature the pilasters and porches of the courthouse, it does retain subtle allusions to the Neoclassical Revival.

Link and Haire made regular contributions to Miles City's built environment, and many display a mix of popular style elements. For example, Haire's 1902 Ursuline Convent of the Sacred Heart (NR listed 3/5/1992) is a Colonial Revival building that exhibits Romanesque and Queen Anne features. The historic gym building at the Miles City State Reform School featured Ionic columns together with a Mission-style parapet. Their Custer County High School and Carnegie Library are more straightforward Neoclassical Revival designs with even fenestration and quioning.

The Holy Rosary Hospital building is an important local example of Link and Haire's work, and is representative of their innovative use of various elements to create unique, beautiful, and functional buildings. For these reasons, it is eligible for listing in the National Register under Criterion C.

²⁰ H. Rafael Chacon, "Creating a Mythic Past: Spanish-style Architecture in Montana," *Montana: The Magazine of Western History*, Autumn 2001.

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Site Map



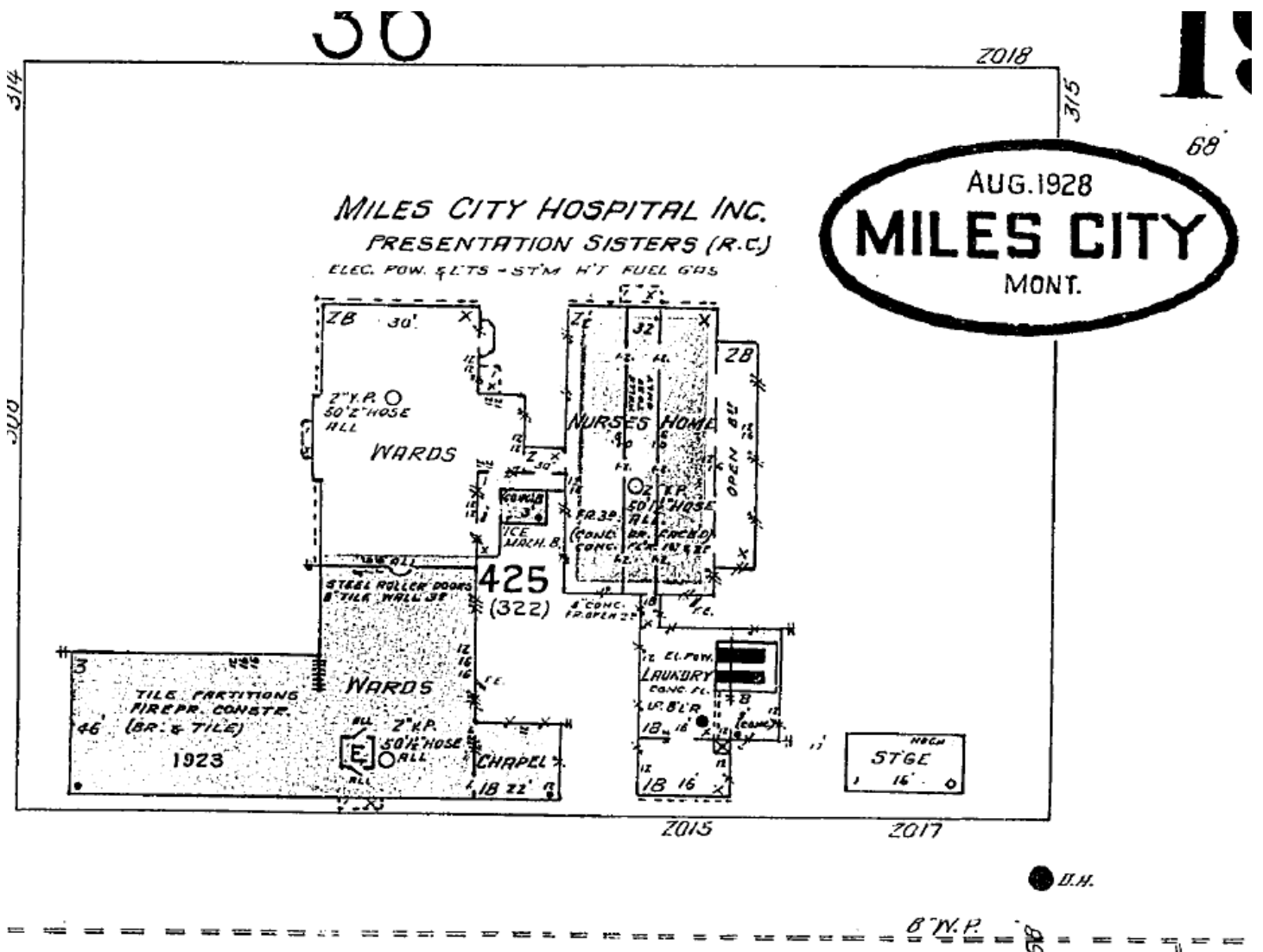
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1950s aerial view of hospital complex. View to southeast.

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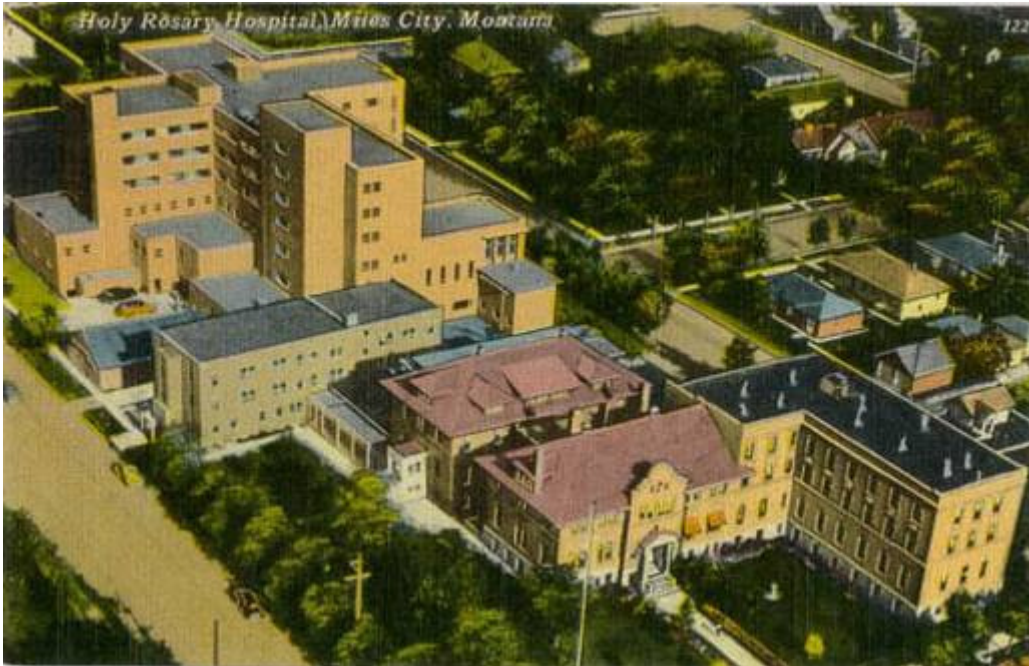
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Holy Rosary Hospital west elevation, view to east.

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Holy Rosary Hospital 1910 portion, west elevation. View to east.

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Holy Rosary Hospital, west elevation of 1922 annex. View to east.

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Holy Rosary Hospital, south elevation of 1922 annex. View to north-northwest.

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Holy Rosary Hospital, east elevation. View to west.

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Holy Rosary Hospital, east and north elevations. View to southwest.

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Holy Rosary Hospital north elevation, view to south.

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Holy Rosary Hospital, north elevation of 1922 annex. View to southeast.